

| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | Application or Docket Number 10/583760 | | | | |
|--|---|----------------------------------|-------|--|------------------|--|-----------------|------------------|------------|-----------------|
| CLAIMS AS FILED - PART I | | | | | | | | | | |
| (Column 1) | | (Column 2) | | SMALL ENTITY TYPE <input checked="" type="checkbox"/> OR OTHER THAN SMALL ENTITY | | | | | | |
| U.S. NATIONAL STAGE FEES | | | | RATE | FEE | OR | RATE | FEE | | |
| BASIC FEE | | | | BASIC FEE | 150 | OR | BASIC FEE | | | |
| EXAMINATION FEE | | | | EXAM. FEE | 100 | OR | EXAM. FEE | | | |
| SEARCH FEE | | | | SEARCH FEE | 200 | OR | SEARCH FEE | | | |
| FEE FOR EXTRA SPEC. PGS. | | minus 100 = | 150 = | X \$ 125 = | | OR | X \$ 250 = | | | |
| TOTAL CHARGEABLE CLAIMS | 23 | minus 20 = | 3 | X \$ 25 = | 75 | OR | X \$ 50 = | | | |
| INDEPENDENT CLAIMS | 1 | minus 3 = | | X \$ 100 = | | OR | X \$ 200 = | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | | | + | \$ 180 = | OR | + | \$ 360 = | | |
| | | | | TOTAL | 325 | OR | TOTAL | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | | |
| 4-408 CLAIMS AS AMENDED - PART II | | | | | | | | | | |
| (Column 1) | | (Column 2) | | (Column 3) | | SMALL ENTITY OR OTHER THAN SMALL ENTITY | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI-TIONAL FEE | OR | RATE | ADDI-TIONAL FEE |
| | Total | 23 | Minus | 20 | = 3 | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | 1 | Minus | 3 | = 1 | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | + | \$ 180 = | OR | + | \$ 360 = |
| | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | | |
| (Column 1) | | (Column 2) | | (Column 3) | | SMALL ENTITY OR OTHER THAN SMALL ENTITY | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI-TIONAL FEE | OR | RATE | ADDI-TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | + | \$ 180 = | OR | + | \$ 360 = |
| | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | | |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> | | | | | | | | | | |